

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17351  
Registrar's No. 122

Registration District No. 8-2

Primary Registration District No. 3006-5120

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(c) Name of hospital or institution:  
301 Edgewood Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 27 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA REBECCA PANCOAST

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Samuel O. Pancost 6. (c) Age of husband or wife if alive 10 years  
7. Birth date of deceased 7 - 10 - 1857  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 25 If less than one day  
hr. min.

9. Birthplace StClairesville Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name John Reeder  
13. Birthplace Maryland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth Lindsey  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D.R. Scott  
(b) Address 301 Edgewood Ave., Columbia, Mo.

17. (a) Removal (b) Date thereof 5-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Trenton, Missouri

18. (a) Signature of funeral director Parson Funeral Service  
(b) Address Columbia, Missouri.

19. (a) 5-6-1943 (b) E. L. H. Barker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 Edgewood Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1943 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1941 to May 5 1943  
that I last saw him alive on May 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral aneurysm of basilar artery  
Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature E. L. H. Barker (M. D. or other)  
Address Columbia Date signed 5/6/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 3 1949

MAY 16 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4152

P. O. Address Columbia, S.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

✓ If this body is not embalmed, fact should be so stated above.